

WASHINGTON TITLE XXI STATE PROGRAM FACT SHEET

Name of Plan:	Washington CHIP
Date Plan Submitted:	June 30, 1999
Date Plan Approved:	September 8, 1999
Effective Date:	January 1, 2000
Date Amendment #1 Submitted:	February 8, 2001
Date Amendment #1 Approved:	May 7, 2001
Date Amendment #1 Effective:	January 1, 2001
Date Amendment #2 Submitted:	April 3, 2002
Date Amendment #2 Approved:	July 1, 2002
Date Amendment #2 Effective:	January 1, 2002
Date Amendment #3 Submitted:	October 3, 2002
Date Amendment #3 Approved:	December 19, 2002
Date Amendment#3 Effective:	July 1, 2002
Date Amendment #4 Submitted:	June 25, 2003
Date Amendment #4 Approved:	September 22, 2003
Date Amendment#4 Effective:	November 12, 2002
Date Amendment #5 Submitted:	January 22, 2004
Date Amendment #5 Approved:	June 16, 2004
Date Amendment#5 Effective:	December 31, 2003
Date Amendment #6 Submitted:	August 16, 2004
Date Amendment #6 Approved:	November 5, 2004
Date Amendment#6 Effective:	July 1, 2004
Date Amendment #7 Submitted:	May 2, 2006
Date Amendment #7 Approved:	August 1, 2006
Date Amendment#7 Effective:	July 1, 2006

Background

- On September 8, 1999, Washington submitted a Title XXI State Plan to implement a new State Children's Health Insurance Program (SCHIP). The program provided comprehensive health care coverage to uninsured children under age 19 with family incomes above 200 percent up to and including 250 percent of the Federal poverty level (FPL).

Amendments

- The State submitted its first State Plan Amendment on May 7, 2001, which modified the assignment process and eliminated the requirement for families to select a plan as part of the application process. The amendment also eliminated the requirement for families to sign a written agreement to pay premiums as a condition of eligibility.
- A second amendment was submitted by the State on April 3, 2002. This amendment eliminated co-payment charges for children enrolled in SCHIP.
- Washington submitted its third amendment on October 3, 2002, to update its State Plan to indicate compliance with the final SCHIP regulations.
- Washington submitted its fourth amendment to its Title XXI State Plan to add coverage for unborn children with family incomes up to and including 185 percent of the FPL and not eligible for Medicaid. Coverage will include prenatal care and associated health services for children from conception through birth.
- On January 22, 2004, Washington submitted its fifth amendment to its Title XXI State Plan to change the duration of eligibility from 12 months to 6 months. This change will affect SCHIP clients enrolled on and after July 2003, with a 6-month review date on and after December 31, 2003.
- On August 16, 2004, Washington submitted its sixth amendment to its Title XXI State plan to increase monthly premiums from \$10 to \$15 per child per month for families with income above 200 through 250 percent of the Federal poverty level (FPL) and to raise the family maximum for premiums from \$30 to \$45 per month. This amendment also reduces the number of consecutive months a client can be in arrears on paying premiums from 4 months to 3 months and reduces the waiting period for reinstating benefits after termination from 4 months to 3 months.
- On May 2, 2006, Washington submitted its seventh amendment to its Title XXI State Plan to extend the State Children's Health Insurance Program (SCHIP) continuous eligibility period from 6 months to 12 months, and to update the State plan to reflect the name change and organizational changes that occurred within the agency that administers SCHIP.

Children Covered Under Program

- The State reported that 638,408 children were ever enrolled in the program during Federal Fiscal Year 2005.

Health Care Delivery System

- The Department's Health and Recovery Services Administration (HRSA), in coordination with the Department of Social and Health Services and other state agencies, including the Department of Health, the Governor's Office, and the Health Care Authority, administers Washington CHIP.

- The program utilizes the State's Medicaid managed care delivery system and employs the Medicaid income eligibility criteria. The managed care system consists of contracts with health carriers for medical care coverage, contracts with Regional Support Networks (RSN) for mental health care, and fee for service (FFS) for primary care case management (PCCM) clinics.
- Families are not required to select a managed care plan for their child at the time of application. An automatic assignment will be made when a family does not make a selection at the time of application and there are two or more plans in that community.

Benefit Package

- Washington provides the same coverage to SCHIP children that are provided to enrollees covered under the Medicaid State Plan.

Cost Sharing

- Washington charges a premium of \$15 per month per child enrolled in CHIP with a family maximum of \$45 per month.

Crowd-Out Strategy

- In order to avoid crowd out, eligible children must be uninsured for 4 months prior to application in cases where the applicant had employer-sponsored dependent coverage. The State allows for certain exceptions to the 4-month waiting period.
- The SCHIP application requests information regarding other insurance coverage for each child.

Outreach Activities

- MAA implemented a statewide, community-based Medicaid Client Outreach project and the Health Kids Now (HKN) public information campaign. Both of these activities target Medicaid and SCHIP children. The HKN campaign includes statewide activities, facilitating community efforts and a toll-free number.
- The State also contracts with community-based organizations. Contractors receive a monthly set rate and a \$20 incentive for each client a contractor helps enroll. Community-based contractors perform the following activities: identify people who are likely to be eligible for coverage, account for Federal outreach funds in accordance with Federal requirements, and assist new clients with selection of a Healthy Options Health Care Plan that will best meet their needs.

Coordination Between SCHIP and Medicaid

- Washington uses two standardized application forms to make eligibility determinations. One form is used for clients applying for the Medicaid Children's Medical Program (a one-page form). The other form is used for clients applying for cash benefits, food stamps, medical coverage and other benefits. Potential SCHIP eligibles can apply for medical coverage by using either form. Information from the application is entered into the State's Automated Client Eligibility System (ACES), which automatically generates SCHIP eligibility notices and yearly reviews.

Financial Information

Total FFY '06 SCHIP Allotment -- \$64,705,479
FFY '06 Enhanced Federal Matching Rate -- 65.00%

Date Last Updated: August 3, 2006

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